

Sl. No **67055**

Dialysis / Digital X-Ray / CT Scan

RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL

RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME: *Jamaluddin Ahmed*

AGE: *58* SEX: *M* WARD / OPD / ER: *OPD*

ADDRESS: *PO - Podhokodkani, PO, PS - Hemtabad, U.P.*

REGISTER ID: *39984* DATE: *2/7/12*

TREATING DOCTOR NAME: *Dr. A.S.*

PATIENT MOBILE NO: *—*

TYPE OF INVESTIGATION: *Placenta*

Received the service and I have not paid any amount for the service

Nur K. G. M.

Signature of the Patient

ATTESTED

Asst. Superintendent (N/M)
Raiganj Govt. Medical College & Hospital
Uttar Dinajpur
Dept. of Health & Family Welfare
Govt. of West Bengal.

SUPDT. / ASST. SUPTD. / EMO.
RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR



2/7/12

বিঃ দ্রঃ উক্ত পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।